

Immediate Release

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CMS Approves 12-Month Extension for KanCare State to post proposal for new waiver on October 20, 2017

Topeka - The Centers for Medicare & Medicaid Services (CMS), the federal agency with oversight of state Medicaid programs, has granted a 12-month temporary extension for Kansas' Medicaid program, KanCare.

The first iteration of KanCare was scheduled to end on December 31, 2017. That end date has now been extended to December 31, 2018.

This temporary extension allows Kansas to continue its existing program, which provides statewide managed care to almost all Medicaid state plan beneficiaries for their physical, behavioral and long-term care services. It also continues the managed care authority for Kansas' section 1915(c) Home- and Community-Based Services (HCBS) waivers.

"I am pleased to see that CMS has granted our request for an extension for the KanCare waiver. Since KanCare's implementation, health outcomes have improved for thousands of Kansans," said Lt. Governor Jeff Colyer, a surgeon credited as the architect of the program. "Emergency room visits are down, routine checkups are increasing and Kansans are spending less time in the hospital and more time taking advantage of preventative care.

"Our focus on outcomes for patients is resulting in better all-around care for patients across the state. We look forward to continuing to take an innovative and conservative approach to healthcare that controls costs and results in better health outcomes for Kansans."

The state plans to post its proposal for the new 1115(a) waiver on October 20, 2017, conduct public meetings and continue to work on KanCare 2.0 during the coming year. The new KanCare 2.0 waiver, if approved by CMS, would take effect January 1, 2019.

Additionally, in November, the state will issue a request for proposal (RFP) for Managed Care Organizations (MCO) to submit bids to provide health coverage and HCBS services to Medicaid recipients for three years after the renewed waiver goes into effect.

Launched in January 2013, KanCare delivers whole-person, integrated care to more than 420,000 individuals across the state. KanCare health plans are provided by three managed care organizations - Amerigroup of Kansas, Inc., Sunflower Health Plan, and UnitedHealthcare Community Plan of Kansas. Consumers in KanCare receive all the same services provided under the previous Medicaid delivery system, plus additional services.

In addition to the services that were available to Medicaid consumers prior to 2013, the three KanCare health plans offer their members preventative dental care for adults, heart/lung transplants and bariatric surgery. KanCare health plans are required to coordinate all of the different types of care a consumer receives. This care coordination ensures that consumers take advantage of preventive services and screenings in addition to any ongoing help they require in managing chronic conditions.

The Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS) administer KanCare within the State of Kansas. KDHE maintains fiscal management and contract oversight of the KanCare program; KDADS administers the Medicaid waiver programs for disability services and mental health and substance abuse, in addition to operating the state-run hospitals and institutions.

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